

**State of South Dakota**



**Candidate's or Committee's Report of Receipts and Expenditures**

**RECEIVED**

**Candidates and candidate committees:** File in the office where you filed your nominating petition  
**PACs, political party, ballot question and other committees:** File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070

*JAN 12 2005*

*S.D. SEC. OF STATE*

See "South Dakota Campaign Finance Reporting Guidelines" for specific instructions on completing this report.

**Name of Candidate or Committee:** South Dakota Association for Specialty Care Providers PAC

**Complete Mailing Address:** 1868 Lombardy Drive, Rapid City, SD 57703

**Name of Person Making Report:** Jack Kaup

**Daytime Phone Number:** 605-721-4918

**If you are a candidate, what office are you seeking:** N/A

**If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.**

**Type of Report:** Year End

**For Reporting Period Ending:** December 31, 2004

**The following verification must be completed before submitting report.**

**VERIFICATION OF PERSON MAKING REPORT**

I, Jack Kaup (type name), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

**Date:** 1/10/05

Jack Kaup Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised March 1999

Ver 1.01

*Filed this 12th day of January, 05  
Chi Nelson  
SECRETARY OF STATE*

**Name of Candidate or Committee:**

South Dakota Association for Specialty Care Providers PAC

**For the reporting period ending:**

## Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

**Unitemized Contributions from Individuals:**

**Itemized Contributions from Individuals:**

**Total of Itemized Contributions from Individuals:**

\$3,500.00

**Name of Candidate or Committee:  
For the reporting period ending:**

South Dakota Association for Specialty Care Providers PAC

**Schedule A - Direct Contributions (continued)**

### **Unitemized Contributions from Political Parties:**

### **Itemized Contributions from Political Parties:**

Party Name	Address	Amount
<b>Total Contributions from Political Parties:</b>		<b>\$0.00</b>

Total Contributions from Political Parties: \$0.00

**Itemized Contributions from Political Action Committees (PAC's)** - All contributions from PAC's must be itemized.

Total Contributions from Political Action Committees: \$0.00

**Total of All Direct Contributions:** \$3,500.00

Name of Candidate or Committee:  
For the reporting period ending:

South Dakota Association for Specialty Care Providers PAC

### Schedule B - Fund-Raising Events Proceeds

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	\$0.00

### Schedule C - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		\$0.00

### Schedule D - Other Income

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	\$0.00

**Name of Candidate or Committee:**  
**For the reporting period ending:**

South Dakota Association for Specialty Care Providers PAC

## **Schedule E - Expenditures**

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. **All contributions to candidates and committees must be listed individually.**

**Name of Candidate or Committee:**  
**For the reporting period ending:**

South Dakota Association for Specialty Care Providers PAC

## Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Name of Candidate or Committee:

South Dakota Association for Specialty Care Providers PAC

For the reporting period ending:

## Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period:	<u>\$1,646.00</u>
2.	Receipts	
	Schedule A - Direct Contributions	\$3,500.00
	Schedule B - Fund-Raising Events	\$0.00
	Schedule C - In Kind Contributions	\$0.00
	Schedule D - Other Income	\$0.00
	Total of all Receipts	<u>\$3,500.00</u>
3.	Total Monetary Receipts	<u>\$3,500.00</u>
4.	Candidate's Personal Contribution to Own Campaign	<u>\$0.00</u>
5.	Monetary Loans to Candidate or Committee During Reporting Period	<u>\$0.00</u>
6.	Monetary Loans Repaid During Reporting Period	<u>\$0.00</u>
7.	Expenditures - Schedule E	<u>\$0.00</u>
8.	Unpaid Obligations - Schedule F	<u>\$0.00</u>
9.	Amount on hand at the close of this reporting period. *	<u>\$5,146.00</u>

\*The amount on hand at the close of the reporting period should equal the amount of money which the committee has on hand in all checking, savings and cash accounts on last day of the reporting period.